

1.) CORPORATION NAME:

**JAG Footwear, Accessories and Retail Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NJ**

DUE DATE: **8/31/2011**

SCC ID NO: **F1048844**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 180 RITTENHOUSE CIRCLE

CITY/ST/ZIP: BRISTOL, PA 19007-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: THOMAS M MURRAY  
TITLE: CFO  
ADDRESS: 38 CHARTER RIDGE DRIVE  
CITY/ST/ZIP/CO: SANDY HOOK, CT 06482-

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OFFICER

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DIRECTOR

NAME: WESLEY R CARD  
TITLE: DIRECTOR  
ADDRESS: 53 PAINE AVENUE  
CITY/ST/ZIP/CO: PRIDES CROSSING, MA 01965-

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OFFICER

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DIRECTOR

NAME: JOSEPH T DONNALLEY  
TITLE: TREASURER, VP  
ADDRESS: 1837 THORNBURY DRIVE  
CITY/ST/ZIP/CO: MAPLE GLEN, PA 19002-

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OFFICER

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DIRECTOR

NAME: RICHARD DICKSON  
TITLE: CEO, PRESIDENT  
ADDRESS: 16651 CUMBRE VERDE COURT  
CITY/ST/ZIP/CO: PACIFIC PALISADES, CA 90272-

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OFFICER

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DIRECTOR

NAME: STEPHEN C TROY  
TITLE: VP OF FINANCE  
ADDRESS: 9 RED CEDAR DRIVE  
CITY/ST/ZIP/CO: LEVITTOWN, PA 19055-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRA M DANSKY VP, SECRETARY 9 SANDY LANE GREENWICH, CT 06831-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETH BARBAN DORFSMAN VP, ASST SECTR 38 LUMANOR DRIVE STAMFORD, CT 06903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL DEMKO ASST TREASURER 311 CEDAR MANOR DRIVE MOUNTAIN TOP, PA 18707-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL D'ADAMO ASST SECRETARY 2128 ROBBINS STREET PHILADELPHIA, PA 19149-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HELEN SHIN ASST SECRETARY 1675 YORK AVENUE APT #23G NEW YORK, NY 10128-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURIE J GENTILE ASST SECRETARY 19 TANGLEWILD ROAD CHAPPAQUA, NY 10514-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA ANNE LIND ASST SECRETARY 171 WOOD HOUSE ROAD FAIRFIELD, CT 06824-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ JOSEPH T DONNALLEY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		<u>JOSEPH T DONNALLEY, TREASURER, VP</u> PRINTED NAME AND CORPORATE TITLE	
		<u>8/10/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			